Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Bridget's Residential Home

42 Stirling Road, Bournemouth, BH3 7JH

Tel: 01202515969

Date of Inspection: 12 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Anthony Howell
Registered Manager	Mrs. Denise Simpson
Overview of the service	St.Bridget's Residential Home provides accommodation and support for up to ten older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We saw that the staff who were on duty at the time of the visit were polite and kind in their manner towards people. People we spoke to were happy with the care and support that they had received at the home. We spoke to two relatives who said that they felt that the home met their relatives needs and that staff were excellent and approachable.

People's needs and wishes had been assessed and plans had been put in place to meet them. We found that people who were at risk of falls had been identified and their moving and handling care plans had included the measures to be taken to minimise the risk.

Records showed that staff had received the training and support they required to be able to provide the care and support people required. We saw that records showed that staff had received regular supervision and annual appraisals. Staff we spoke to confirmed this.

We observed that prescribed medication stored in people's rooms could be easily accessed as the keys were 'hidden' on top of the lockable metal cabinets. We also found that when a person did not accept medication as prescribed staff had not fully discussed the implications with them, or informed the doctor.

We found that the home had conducted an annual satisfaction survey in July 2012. The manager had analysed the results and had addressed the points which had been raised.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 23 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

During our visit we spoke to one person who had recently had a flu jab vaccination. They told us that they had had the choice of accepting or refusing the injection. We spoke to another person who told us that they had expressed a wish to reduce the amount of medication they had been taking. They said that staff had arranged for their general practitioner to visit them to discuss their wishes. Their medications had been reviewed, and reduced. We found that their final decision had been made following an informed discussion with a doctor.

We observed the manager talking to one person who was unwell. They told the person that they could request a visit from the doctor. The person decided that if their symptoms had not reduced within a certain period of time they would accept the doctor's visit. The manager respected their decision, but told them that they would monitor their condition, which the person was happy with.

We saw that one person had a Do Not Attempt Resuscitation (DNAR) form in place which had been signed by the doctor. It stated that the person had been involved in the decision. The provider might like to note that there had been no review of this DNAR since it had been completed in 2010. This meant that we were unable to evidence if the person's needs or wishes had changed.

One person we spoke to explained how staff continued to maximise their ability to make choices relating to their daily life. For example, they told us that due to their physical condition they were unable to independently choose their own clothes so staff held out clothes so that they could continue to pick what they wore. We saw that records for one person stated 'staff to make sure that they stand in front and talk slowly to give them the opportunity to lip read.'

The manager told us that each person who lived at the home had a family member, friend or representative who could support the person to make decisions if required. Care records we looked at included a statement regarding the involvement of others in people's care. It stated that family, friends or representatives were invited to be involved with the persons care, if the person was in agreement. One relative told us that their relative "had their own opinion" and could tell staff what they wanted or needed.

The provider might like to note that staff had not received Mental Capacity Act training. Records showed that the manager had attended training on the Deprivation of Liberty Safeguards.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People we spoke to were happy with the care and support they had received. We saw that staff had supported people to remain independent. For example, one person told us that they liked to make their own bed. The manager said that staff respected their choice, but continued to monitor the situation and offered regular assistance.

We looked at the care plans for four people. Records showed that people had had their physical and social needs assessed, and a plan of care had been developed, aimed at meeting their needs and wishes. We saw that assessments included mobility, environment, personal hygiene, social activities and future wishes. People we spoke to told us that staff knew what their needs were. One person told us that the manager "sits regularly and checks that my care needs are being met." We saw that people's care plans were written in a person centred manner. For example "likes to wash themselves in private, please ensure bell within reach" and "they like to settle themselves at night when ready, after a chat with the lady opposite."

We found that two people had been identified as being at risk of falls. We saw that each person's moving and handling plan had identified measures to be taken to minimise the risk. For example, one persons stated 'make sure that slippers are correctly fitted' and another person's included 'a pressure mat connected to the alarm system is in place to alert staff.' The provider might like to note that we identified shortfalls in risk assessment documentation. This could mean that risks had not been accurately identified. For example: we saw that the home had two different falls risk assessment documents in place. One had been completed but had no scale by which to measure the risk against. The other identified that the scoring process had not been completed accurately.

Records showed that staff had taken action in response to people being identified as being at risk of skin deterioration. One person's care plan stated that the risk assessment scored them as being at high risk of pressure ulceration. The records stated that a pressure relieving mattress and a pressure relieving chair cushion had been put in place as a

precaution.

We looked at the home's daily records. We saw that these had been completed daily. We saw that one person's record showed that staff had identified a pattern of tiredness and had discussed this with the person's GP.

During the morning we saw that people could chose to spend time in their rooms or to go to the communal open plan sitting/dining room. One area had a television which we saw had the sub-titles on to allow people who had hearing problems the opportunity to enjoy the programmes. We heard a member of staff chatting with people about what they planned to watch that day, and we heard other people being offered magazines and papers to read. We saw that people looked happy chatting to other people who lived at the home. The manager told us that the home had organised activities once a week. Records showed who had attended each session, and what activities had been held. Examples included bowling, exercises and music. On the day of the visit we observed the weekly activity session. We saw that five people had attended. People played skittles and sang songs. People appeared happy.

We spoke to people who lived at the home. One person told us that they got plenty of good food, another said "the food suits me fine." We spoke to one relative who told us that the staff were 'excellent, lovely and caring'. They told us that their relative was able to make decisions relating to their daily life. The y said that their relative had experienced falls whilst at home. An alarm mat had been put in place, which alerted staff to the person moving, and allowed them to offer assistance. This helped to minimise the risk of falls without restricting the person's independence. The relative told us that they felt that the home was 'managing the risk well.' Another relative told us that the home met their relative's needs. They said that 'staff are kind and they give my mother choices.' Relatives told us that they were always kept informed of any changes. People who lived at the home, and the relatives we spoke to told us that they could approach the manager with any questions or concerns they may have.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider had not got appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the medication administration records (MARs) for each person who lived at the home. We saw that a system was in place to monitor that staff had completed the MARs chart appropriately. For example, that staff had signed for the medication they had administered. We found that the home had maintained a record of staff signatures at the front of the medication records of those staff trained to administer medication. We spoke to one staff member who did not work directly for the home and they confirmed that they were not allowed to administer medication.

Records showed that staff who administered medication had received training in 2012.

We observed one staff member administer medication to one person. We saw that they washed their hands before handling the medication. We heard them explain to the person what they were doing, and we saw that they gave the person time to take the medication comfortably.

Records for one person showed that they had been prescribed a topical cream to be applied three times a day. We saw that it had been applied only once a day, in the morning. Staff had recorded that it was offered each time but that at midday and in the evening it was not required rather than that it had been refused. The manager explained that the person would only accept the cream in the morning. The manager could not confirm that the person had been given sufficient information to understand the consequence of their decision to not complete the course as prescribed. The manager had not discussed the person's decision with their general practitioner.

We found that an entry which stated 'as directed' did not have clear guidance as to its usage.

One entry had two signatures which we saw had been crossed out. Whilst none of the medication had been issued, so therefore had not been given, it indicated that staff had signed the form before administering the medication.

People had their morning medication stored in individual locked metal cabinets in their rooms. However, the keys were kept on top of the cabinets. This meant that access to medication was not secure. We checked three people's medication stored in their cabinets. We found them to be correct.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rota. We saw that, in addition to the manager, the provider had two members of staff on duty during the day, and one member of staff awake and one on call at night. On the day of our visit the manager had had to arrange emergency staff cover to cover staff sickness. The manager told us that as the provider was also a registered homecare provider they regularly used the same staff from the homecare business to cover staff shortages. We were told that this enabled them to provide continuity of care for people who lived at the home at times of staff sickness or holidays. The manager told us that when any member of staff was unfamiliar with the home they would not leave the premises until they had given the person a full induction into the home.

In addition to the staff's caring duties we saw that staff were also responsible for cooking people's food. We observed the staff during lunchtime and teatime. We saw that the manager had also been required to assist the staff during these times. The staff told us that on occasions meals were served a little late, as they did not want to rush the care people received. They said that if meals were delayed people were always kept informed. We asked one member of staff how they managed at weekends when the manager was not available to assist. They told us that they managed as it was quieter. We spoke to people who used the service. Whilst they were all positive about the staff and the care they received we were told that staff did not always have enough time. One person said "you always get help" but that "it would be helpful if staff had more time." However, another person told us that when staff assisted them they did not feel rushed. They said "staff always tell me to take my time".

Staff training records were looked at. We saw that staff had received an induction which had included discussions with the manager on the common core principles of care. A training matrix showed us that staff had receiving training up-dates in 2012. They included fire, manual handling, emergency aid, food hygiene, safeguarding, medication and dementia. Individual training records contained certificates confirming the information recorded on the matrix.

The manager told us that there were six members of staff who provided care. Out of the six, three were undertaking a National Vocational Qualification (NVQ) level three, and one had a NVQ level two.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that the home had completed a quarterly analysis of falls. The analysis detailed the cause of each fall, the time of day or night they occurred and any injuries incurred.

We saw that the home had completed an annual survey review in July 2012. Questionnaires had been issued to the people who lived at the home, their relatives or representatives, and to the General Practitioner (GP) Surgeries. The manager had received seven responses from people. Whilst they were mostly positive the results showed that two people were not satisfied with their involvement in the care that they received. The manager told us that people had been included in the completion, and review, of their care plans. We saw that one care plan included a form which stated that the person who lived at the home had been involved in planning their care, but wanted further reviews to be with their relative. The provider might like to note that measures were not in place to monitor people's involvement in their care. A relative commented that they had found the manager and staff to be 'friendly and helpful at all times.' The responses from the GP surgeries were positive. One GP had commented 'the home does an excellent job in looking after my patients.'

The manager did not hold meetings for the people who lived at the home but they explained that they spoke regularly to each individual person. Records of these discussions had not been recorded.

Records showed that the manager had completed an annual quality assurance review in July 2012. This had included infection control which had identified no issues, the building which included information that sit on weighing scales which had been purchased, and listed all specialist equipment in use. The provider might like to note that a care plan audit was not in place.

The manager told us that the home had received no complaints, written or verbal. A copy of the home's complaint procedure was seen to be included in the service user's guide

kept next to the visitor's signing in book.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The provider had not ensured that medication was stored safely. We found that people had been provided with lockable medication cabinets in their rooms. However we saw that the keys were easily accessible as they were kept on top of the person's cabinet. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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